



ARIZONA STATE SENATE
Fifty-Fifth Legislature, First Regular Session

AMENDED
FACT SHEET FOR S.B. 1716

Arizona state hospital

Purpose

Establishes the Arizona State Hospital (ASH) Governing Body (Governing Body) and prescribes Governing Body membership and duties. Requires ASH to maintain a surveillance system and appropriates \$500,000 in FY 2022 to the Department of Health Services (DHS) for the installation and maintenance of a surveillance system at ASH.

Background

ASH, operated by DHS and located in Phoenix, Arizona, is a 260-bed facility that provides long-term inpatient psychiatric care to individuals with mental illnesses, personality disorders or emotional conditions who are under a court order to receive treatment. The Civil Adult Rehabilitation Program at ASH includes treatment units that specialize in providing services to adults who are civilly committed as a danger to self, danger to others, gravely disabled or persistently and acutely disabled, and who have completed a required 25 days of treatment in a community inpatient setting prior to their admission to ASH. Forensic patients at ASH are court-ordered for either pre-or post-trial treatment as a result of involvement with the criminal justice system due to a mental health issue. The Forensic Adult Program includes individuals who have been committed through a court-order as part of a criminal process for patients who are either being housed on one unit providing pre-trial evaluation, treatment and restoration to competency to stand trial or who have been adjudicated guilty except insane (GEI) and who are serving a sentence under the jurisdiction of the Psychiatric Security Review Board (PSRB) ([A.R.S. Title 36, Chapter 2](#)). Statute authorizes the PSRB to release any GEI person under its jurisdiction from ASH to the community if the person meets statutory release criteria ([A.R.S. § 13-502](#)).

S.B. 1716 appropriates \$500,000 in FY 2022 to DHS for the installation and maintenance of a surveillance system at ASH.

Provisions

ASH

1. Directs ASH to admit patients based on clinical need for treatment and give priority to the most ill patients.
2. Prohibits ASH from placing a limitation on admission based on a patient's county of residence.
3. Requires, within 30 days after a patient's admission to ASH, a psychiatrist to develop, document and supervise the implementation of a master inpatient treatment plan and an individualized treatment and discharge plan for each patient.

4. Requires that each master inpatient treatment plan and individualized treatment and discharge plan be:
 - a) administered by or under the supervision of a psychiatrist;
 - b) based on evidence-based treatment and include measurable goals and criteria for goal attainment; and
 - c) reviewed and updated at least every 90 days, in consultation with the treatment team and the patient's family or designated representative.
5. Requires that each forensic patient's master inpatient treatment plan and individualized treatment and discharge plan additionally be:
 - a) focused on diagnoses that resulted in the patient's commitment to ASH; and
 - b) related to the criteria used by the PSRB to make decisions regarding the patient's conditional release and termination of jurisdiction to the Arizona Department of Corrections or another agency.
6. Requires ASH, subject to available appropriations, to maintain a surveillance system that includes audio and visual capability and secure storage of files for at least 24 months after the date of any assault resulting in injury that required medical attention.
7. Appropriates \$500,000 in FY 2022 to DHS for the installation and maintenance of a surveillance system at ASH.

PSRB

8. Obligates ASH to make timely, good-faith responses to requests from the PSRB to provide patients and PSRB members with adequate time and information to prepare for a PSRB meeting.
9. Requires ASH, upon PSRB request and at every hearing for a patient, to provide the PSRB and the patient with the following information at least 45 days prior to a hearing:
 - a) a report on the patient that has information as requested by the PSRB;
 - b) a patient risk assessment if clinically indicated; and
 - c) an explanation of any rule violation by the patient and the rule's relevance.
10. Mandates that a patient's treating psychiatrist or their designee appear as a witness before the PSRB when the patient appears.

Governing Body

11. Establishes the Governing Body that consists of seven to nine voting members who are appointed by the Governor and confirmed by the Senate, and that includes:
 - a) the DHS Director, or their designee, who serves as Chairperson;
 - b) the Superintendent of ASH;
 - c) at least five public members who meet specified professional criteria; and
 - d) the Chairperson of the Independent Oversight Committee (IOC) at ASH, who serves as a nonvoting member.
12. Requires the DHS Director to attend Governing Body meetings when possible and to review and sign Governing Body meeting minutes.

13. Prohibits Governing Body voting members from being employed by the state or an entity that contracts with the state, with exceptions for the DHS Director and ASH Superintendent.
14. Specifies that Governing Body members serve at the pleasure of the Governor.
15. Entitles Governing Body members, with exception of the DHS Director and ASH Superintendent, to compensation in an amount of \$100 for each meeting attended annually, up to 12 meetings.
16. Requires the Governing Body to operate ASH consistent with related statutes and ASH's mission and vision.
17. Directs the Governing Body to adopt and maintain bylaws that include provisions that ensure ASH reports on its operations in a manner that provides institutional accountability to the public and state government.
18. Requires the Governing Body, rather than the DHS Director, to submit an annual financial and programmatic report for ASH, by October 1, and to submit the report to the Governor and the presiding officer in each chamber of the Legislature.
19. Requires the annual ASH report to include the following information:
 - a) a breakdown of the number of patients served by diagnosis, and treatment length;
 - b) each patient's county of residence at the time of admission;
 - c) the number of patients recommended to the PSRB for conditional release and the number approved for conditional release;
 - d) admissions by civil commitment, including:
 - i. the number of admissions and discharges;
 - ii. the time between the request for admission and the date of admission; and
 - iii. the reason a commitment request was denied;
 - e) ASH's plans and priorities for improved or expanded clinical services, including plans to utilize technology capabilities for patient services;
 - f) information regarding the GEI Program for forensic patients;
 - g) information about ASH's use of evidence-based and trauma-informed practices used in individualized treatment and discharge plans;
 - h) ASH's assault reduction plan, including specified information;
 - i) the use of contracted staff in ASH's staffing plan; and
 - j) the status of establishing a psychiatric center of excellence.

Miscellaneous

20. Includes a legislative intent clause.
21. Makes technical changes.
22. Becomes effective on the general effective date.

Amendments Adopted by Committee

1. Directs ASH to give priority to the most ill patients.

2. Modifies proposed Governing Body membership.
3. Eliminates proposed language directing the IOC Chairperson to advise the Governing Body.
4. Decreases, from \$200 to \$100, the amount of compensation for Governing Body members.
5. Modifies and expands information required to be included in the annual financial and programmatic report.
6. Eliminates proposed language requiring ASH to develop staffing and assault reduction plans.

Senate Action

HHS 2/18/21 DPA 5-3-0

Prepared by Senate Research

February 22, 2021

CRS/kja